

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2	1		1				52						
3		2	1				53						
4		2		2			54						
5		2		2			55						
6		2		2			56						
7		2					57						
8		2		3			58						
9	1						59						
10		1					60						
11		1					61						
12		2					62						
13							63						
14							64						
15							65						
16							66						
17	1						67						
18	1						68						
19		1					69						
20		1					70						
21				3			71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	5		3				TOTAL IND.						
TOTAL DEP.		12		12			TOTAL DEP.						
TOTAL CLAIMS	5	12	3	12			TOTAL CLAIMS						